

Board of Directors Meeting

Report

Subject: Integrated Performance Report - Exception Summary Report

Date: 27th March 2014

Author: Rebecca Stevens

Lead Director: Jacqui Tuffnell, Director of Operations

Executive Summary

Performance Summary: February 2014

Monitor Compliance

Performance covering February 2014 remains at projecting four Monitor compliance points these are due to underachievement against RTT Non-Admitted and Admitted, A&E 4 hour wait, and the overall position for Clostridium Difficile Infection against the annual target.

As a consequence of the Trusts financial and governance risk ratings the Trust remains in breach of its authorisation with automatic over-ride applying a red governance risk rating.

As indicated at February Board the IPR will be undergoing a review over the next 3 months to include an additional category covering a Data Quality Kitemark which will enable an assessment of data quality and robustness for each indicator. The initial starting point is the Monitor Compliance dashboard which contains a high level display indicating if the KPI has been subject to an external assurance review or internal audit conducted by the Trust in the last 12 months. External assurance covers Quality Assurance Data Quality Audit or Intensive Support Team review.

Acute Contract

RTT

The Trust has failed to achieve the bottom-line position for Non Admitted and Admitted RTT standards in February 2014 with all three standards having failing reportable grouped specialties; these are detailed in the table below. At the February board, it was reported that the volume of backlog patient is creating a significant risk to achieving the non-admitted and admitted pathways. Improvements to stopping clocks of non-admitted patients has resulted in patients moving from non-admitted to the admitted pathway after they have breached. To address the situation additional admitted patients both breach and none breach have a to-come-in date in March booked. This will result in the Trust breaching the 90% target but will create a more sustainable position going into 14/15. A risk still remains in achievement of the non-admitted position for April 2014, in-depth work is continuing with specialties to address patients at 14 weeks for both pathways and ensure they could still be treated however clinical ownership of these issues is a continuing issue.

The Trust has reported 10 patients on an Incomplete Pathway waiting over 52 weeks at February 2014 month end, these relate solely to Orthodontics. The Board has been previously briefed on the issue identified within this specialty and the actions being taken to resolve the matter.

RTT Specialty	General Surgery	Urology	T&O	ENT	Ophthalmology	MaxFax	Plastic Surgery	Cardiothoracic	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Others	Total
Incomplete	89.12%	95.21%	88.18%	95.25%	95.67%	80.18%	95.51%	100%	93.95%	92.07%	97.31%	92.14%	93.76%	94.66%	95.33%	94.50%	92.09%	92.08%
Admitted	85.71%	93.13%	84.32%	94.44%	87.30%	67.11%	100%	-	100%	86.96%	98.46%	-	-	-	-	96.30%	81.44%	88.92%
Non-Admitted	91.87%	92.92%	91.04%	94.91%	95.64%	91.92%	100%	-	86.21%	97.58%	98.17%	95.71%	95.18%	98.85%	99.65%	95.91%	92.54%	94.18%

As a result of failure to achieve the original trajectories for RTT achievement from February 2014 and in addition to the revised recovery action plans a more significant management restructure was implemented in early February. This restructure supports the action plans and trajectories with additional capacity and experience in order to drive through improvements to sustainably deliver these standards.

With new management structures and improvement plans in place performance management meetings that review down to patient level detail will continue to monitor all areas of RTT performance. Sustaining performance for those that already achieve the RTT standards and subsequently for those specialties that currently underachieve. Although the impact of these meetings and restructures has yet to be fully quantified it is anticipated that it will deliver a much greater level of assurance than previously was in place.

However, if the Trust fails to achieve the recovery plans and trajectories a Failure to Deliver a Remedial Action Plan notice will be enacted along with the financial consequences, which is 2% of clinical income. There is also concern in relation to Monitor's view of this underachievement.

ED

The number of ED un-planned re-attendances has increased from 5.00% in January 2014 to 5.22% in February 2014 against a 5% target. This standard is variable from month to month with marginal movement from the previous months. The department continues to reiterate messages to patients regarding when to return, displaying messages to patients in the waiting room, working with high volume service users and revisiting advice leaflets to offer more specific advice.

In February Mansfield and Ashfield CCG led a high volume service users forum where it was identified that a number of preventative services that had previously been in place had stopped. An information governance restriction when PCTs become CCGs meant that invaluable reports detailing patients that could be reviewed at multi-disciplinary meetings could no longer be produced. The forum did however identify a strong action plan to work around these setbacks and will continue to monitor improvements that will impact the readmission target in future months.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has increased from 12.69% in January 2014 to 20.38% in February 2014 against the Clinical Commissioning Group target of 20%. The volume of un-coded episodes impacts the calculated HSMR rate as any patients not fully coded will fall within residual coding and not into the actual diagnosis group creating an incorrect HSMR rate, the rate is corrected on receipt of the final SUS reconciliation date for the relevant month.

The coding of deceased notes is being closely monitored to ensure coding takes place a timely manner and the patients being grouped into the relevant HSMR Diagnosis group. At 1st SUS submission March 2014 date the volume of un-coded FCEs was 980 (12%), the volume of un-coded FCEs has increased slightly compared to the previous month.

By continuing to reduce the current backlog this will give a sustainable position going forward, the internal target being set from April 2014 is at the time of initial SUS submission no more than 2% of FCEs for the month of submission will be un-coded.

ASI Rates

For the month of February 2014 Choose and Book Available Slot Issue (ASI) rate was 5% against a target of 5%; which indicates the Trust is maintaining slot availability for patients for a second month. Current performance at 9th March 2014 projects the Trust being at an ASI rate of 7% but it expected that this will improve. The executive team have met with Service Directors and Heads of Service to reiterate the importance of having sufficient capacity in place to enable low waiting times and treat within the 18 week timeframe.

Diagnostic Waiting Times <6Weeks

For the month of February 2014 the Trust has achieved against the target of 99% or above of patients waiting for a diagnostic test are under 6 weeks at 99.79%. No risks have been identified for achievement of the position for March 2014.

Cancelled Operations

In February 2014 1.04% of patients were cancelled on the day for their elective procedure against a target of <=0.8%. This is a deterioration from January 2014 position. The overall volume of patients cancelled during the month equated to 35 with 13 (37%) being cancelled due to ward bed unavailability and 17 (48%) cancelled due to list overrun.

Quality

Patient Safety Incidents (Datix reported)

Datix Reported Incidents with severity coding of either 'Catastrophic death' or 'Severe harm' will be revalidated and re categorised to either patient safety related or Non patient safety related. Datix does not have the functionality at the present time.

Patient safety lead and the Clinical governance lead will be undertaking this piece of work to ensure robust and correct identification of Patient safety incidents for the start of the new reporting year.

February 2014 Successes

The Trust continues to receive 'excellent' for the NHS Friends and Family Test, with a consistent performance above the national thresholds.

Choose and Book Available Slot Issue (ASI) rate has been maintained through February 2014.

The volume of C-Difficile cases has reduced from previous months which has been the trend over the last 3 months.

Q4 13/14 Forecast Risks

Cancer 31 Day Subsequent Treatment Drugs is currently projected at 97.9% (target 98%). The volume of breach patients is two due to patient choice/unfit. An action plan is in place within the Cancer Pathway Team which includes putting extra resources in place to ensure that all treatments are captured with a view to look at bringing patients forward where appropriate. The expectation is this target will achieve for the quarter, there is no risk to the annual position.

The ED 4 hour standard trajectory forecasts that Q4 performance would drop to below 95.00% and will not be recovered with the days remaining in the quarter. 2013/2014 has been a much more successful year and both year to date and Q1-Q3 have achieved the 4 hour standard. February performance has failed to achieve the standard as predicted however for the month of March to date performance is above 95%.

Non-Admitted RTT Trust bottom-line 95% achievement remains a significant risk for quarter 4 as the Trust continues to address breach patients on an Incomplete Pathway.

Achievement of acquired C. Difficile infection against annual trajectory.

Recommendation

For the Executive Board to receive this high level summary report for information and to raise any queries for clarification.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	
Links to NHS Constitution	Key Quality and Performance Indicators provides assurances on delivery of rights of patients accessing NHS care.
Financial Implications/Impact	The financial implications associated with any performance indicators underachieving against the standards are identified.
Legal Implications/Impact	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	The Board receives monthly updates on the reporting areas identified with the IPR.
Monitoring and Review	
Is a QIA required/been completed? If yes provide brief details	

TRUST KEY PERFORMANCE INDICATORS
Monitor compliance
February 2014

Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	In month Change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 13/14	Q4 2012/13	2012/13	Externally	Internally
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	93.57%	91.86%	91.84%	92.26%	89.37%	88.92%	↓	81.19%	91.97%	94.36%	95.49%	95.03%	93.34%	85.86%	Yes	Yes	
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.15%	95.00%	93.93%	94.30%	94.28%	94.18%	↓	93.18%	94.42%	95.59%	95.65%	95.02%	95.52%	94.71%	Yes	Yes	
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	98.88%	92.48%	92.27%	91.25%	92.05%	92.08%	↓	-	91.25% <small>21 February 2014</small>	93.83% <small>22 March 2014</small>	95.11% <small>23 March 2014</small>	95.24% <small>24 March 2014</small>	95.24% <small>25 March 2014</small>	95.24% <small>26 March 2014</small>	Yes	Yes	
A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	95.77%	96.14%	96.87%	94.28%	93.85%	92.72%	↓	92.29%	95.74%	96.66%	96.73%	95.84%	95.42%	94.34%	Yes	Yes	
	Kings Mill (% <4 hour wait)	>=95%	94.13%	94.70%	95.70%	91.69%	91.99%	89.51%	↓	90.48%	94.04%	95.48%	95.67%	94.27%	91.13%	92.85%	Yes	Yes	
	Newark (% <4 hour wait)	>=95%	99.29%	99.06%	99.20%	98.86%	98.86%	98.98%	↓	98.92%	99.04%	98.75%	98.63%	98.81%	98.78%	99.20%	Yes	Yes	
Cancer	2 week wait: All Cancers	>=93%	94.04%	95.75%	95.37%	95.26%	96.89%	(96.39%)	↓	(96.28%)	95.46%	93.74%	94.13%	(94.91%)	95.48%	95.83%	Yes	Yes	
	2 week wait: Breast Symptomatic	>=93%	96.55%	84.21%	94.59%	100.00%	96.55%	(87.88%)	↓	(95.31%)	93.16%	95.10%	97.60%	(95.34%)	95.08%	95.54%	Yes	Yes	
	31 day wait: from diagnosis to first treatment	>=96%	100.00%	100.00%	100.00%	100.00%	99.17%	(98.59%)	↓	(99.31%)	100.00%	99.71%	99.70%	(99.70%)	99.30%	99.43%	Yes	Yes	
	31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↓	(100.00%)	100.00%	100.00%	96.67%	(98.97%)	100.00%	98.65%	Yes	Yes	
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	93.94%	(100.00%)	↓	(97.50%)	100.00%	100.00%	100.00%	(99.38%)	100.00%	100.00%	Yes	Yes	
	62 day wait: urgent referral to treatment	>=85%	88.57%	88.67%	88.80%	94.31%	89.36%	(87.74%)	↓	(86.84%)	90.32%	88.46%	91.37%	(89.27%)	89.29%	90.78%	Yes	Yes	
	62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↓	(94.48%)	100.00%	100.00%	100.00%	(100.00%)	97.67%	94.95%	Yes	Yes	
Data Completeness:	Community Referral to Treatment information	>=50%	86.37%	87.31%	88.22%	88.66%	88.96%	89.21%	↑	89.08%	88.05%	86.30%	81.78%	85.99%	78.46%	74.35%	No	No	
	Community Referral information	>=50%	54.77%	54.01%	53.49%	54.37%	54.38%	53.90%	↓	54.16%	53.96%	54.26%	54.16%	54.14%	54.28%	54.37%	No	No	
	Community Treatment activity - and care contact	>=50%	77.86%	75.51%	75.44%	75.56%	76.11%	76.21%	↑	76.16%	75.50%	77.11%	76.69%	76.42%	67.82%	68.77%	No	No	
Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust) - NB Not applicable for Monitor Compliance @ 01/10/2013	0	1	0	0	0	0	0	↔	0/0	0/0	2/0	2/0	3/0	0	0	No	Yes	
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	3	4	5	2	2	1	↓	3/6	9/8	11/7	8/6	31/25	12/9	29/36	Yes	Yes	
Access to Healthcare for people with learning disabilities	Compliance	Compliant							↔								No	No	
CQC Compliance	compliance points relative to site visits	0							↔										
Monitor Compliance Points											4.0	3.0	1.0	1.0		2.0	N/A		
Governance Risk Rating (GRR)											RED	RED	RED	RED	RED	RED	N/A		

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	In month change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 2013/14	Q4 2012/13	Full Year 2012/13
A&E Clinical Quality:	SFHT (% <4 hour wait) Total Time in A&E Dept	>=95%	95.77%	96.14%	96.87%	94.28%	93.85%	92.72%	↓	93.29%	95.74%	96.66%	96.73%	95.84%	93.43%	94.34%
	Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.36%	4.99%	5.39%	5.38%	5.00%	5.22%	↓	5.11%	5.25%	5.45%	5.53%	5.36%	5.02%	5.70%
	Left without being seen rate	<=5%	1.46%	1.84%	1.58%	1.76%	1.50%	1.87%	↑	1.68%	1.73%	1.73%	1.66%	1.70%	1.73%	2.08%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	27	25	26	28	26	32	↓	30	27	28	29	28	33	39
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	3	4	4	4	5	↑	4	4	4	4	4	5	6
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	43	47	48	44	46	54	↑	50	46	46	52	48	55	56
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	64.79%	60.68%	60.98%	60.87%	65.83%	57.07%	↓	61.60%	60.84%	62.16%	61.52%	61.51%	54.69%	55.64%
Delayed Transfer of Care	Trust Total % (at snapshot position)	3.50%	4.37%	4.18%	6.56%	6.68%	5.19%	4.08%	↑	4.65%	5.81%	4.65%	4.54%	4.93%	3.63%	5.97%
Cancelled Operations:	% Of elective admissions	<=0.8%	0.65%	0.48%	0.78%	1.25%	0.98%	1.04%	↓	1.01%	0.81%	0.45%	0.42%	0.64%	0.82%	0.71%
	% Breached 28 day guarantee	<=5%	0.00%	0.00%	3.57%	0.00%	2.86%	0.00%	↑	1.43%	1.23%	2.22%	0.00%	1.26%	0.00%	0.75%
Diagnostic waiting times <6weeks	%	>=99%	99.84%	99.90%	99.47%	98.42%	98.85%	99.79%	↑	-	-	-	-	-	-	-
Choose & Book:	Ratio: Slot issues per booking	<0.05	0.08	0.07	0.11	0.08	0.04	0.05	↓	-	-	-	-	-	-	-
SUS data:	% uncoded within 5 days of month end	<20%	22.22%	23.18%	25.16%	30.89%	12.69%	20.38%	↓	-	-	-	-	-	-	-
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	93.57%	91.86%	91.84%	92.26%	89.37%	88.92%	↓	89.16%	91.97%	94.36%	95.49%	93.03%	93.34%	88.86%
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.15%	95.00%	93.93%	94.30%	94.28%	94.18%	↓	93.13%	94.42%	95.59%	95.65%	95.02%	95.52%	94.71%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	93.83%	92.43%	92.27%	91.25%	92.05%	92.08%	↑	-	-	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	99.62%	99.43%	99.68%	100.00%	99.51%	100.00%	↑	99.73%	99.69%	99.56%	99.65%	99.65%	99.35%	99.69%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	0	0	1	23	21	10	↑	-	-	-	-	-	-	-
Cancer	2 week wait: All Cancers	>=93%	94.04%	95.75%	95.37%	95.26%	96.89%	(96.39%)	↑	(96.28%)	95.46%	93.74%	94.13%	(94.91%)	95.48%	95.83%
	2 week wait: Breast Symptomatic	>=93%	96.55%	84.21%	94.59%	100.00%	96.55%	(87.88%)	↓	(95.31%)	93.16%	95.10%	97.60%	(95.34%)	95.08%	95.55%
	31 day wait: from diagnosis to first treatment	>=96%	100.00%	100.00%	100.00%	100.00%	99.17%	(98.59%)	↓	(99.31%)	100.00%	99.71%	99.70%	(99.70%)	99.30%	99.43%
	31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(100.00%)	100.00%	100.00%	96.67%	(98.97%)	100.00%	98.65%
	31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	100.00%	100.00%	93.94%	(100.00%)	↑	(97.90%)	100.00%	100.00%	100.00%	(99.38%)	100.00%	100.00%
	62 day wait: urgent referral to treatment	>=85%	88.57%	88.00%	88.80%	94.31%	89.36%	(87.74%)	↓	(86.84%)	90.32%	88.46%	91.37%	(89.27%)	89.29%	90.78%
	62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	(94.48%)	100.00%	100.00%	100.00%	(100.00%)	97.67%	94.95%
	62 day wait: consultant upgrade	>=91%	100.00%	100.00%	100.00%	100.00%	100.00%	(100.00%)	↔	100.00%	100.00%	100.00%	100.00%	(100.00%)	86.36%	93.64%
Infection Prevention Control:	MRSA Bacteremia (No. of cases attributed to Trust)	0	1	0	0	0	0	0	↔	0/0	0/0	2/0	1/0	3/0	0	0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	3	4	5	2	2	1	↑	3/6	11/6	9/7	8/6	31/25	12/9	29/36

denotes when the target is a contractual and Monitor performance target that is replicated in the Monitor compliance dashboard

Ref.	QUALITY & SAFETY METRICS	Target			Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	In month change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	Q4 2012/13	Q3 2012/13	2012/13	YTD 2013/14	
		G	A	R																
	HSMR	<=100	-	>100							N/A					96.8	138.5	N/A	N/A	
	Patient Incidents (Date reported)	Catastrophic-Death	0%	-	0%	2 (<1%)	2 (<1%)	2 (<1%)	5 (<1%)	4 (<1%)	3 (<1%)	0	7	9	3	0	2	3	6	19
		Severe harm	0%	-	0%	4 (<1%)	10 (<1%)	4 (<1%)	9 (<1%)	9 (<1%)	2 (<1%)	0	11	23	5	1	0	1	3	40
		Moderate harm	<=5%	-	>5%	73 (10%)	50 (5.4%)	51 (6.8%)	65 (6.8%)	46 (5.5%)	53 (5.7%)	0	99	166	110	60	20	52	154	435
		Low harm	<=23%	-	>23%	159 (21.8%)	265 (28.9%)	221 (29.4%)	299 (31.1%)	222 (26.6%)	225 (24.5%)	0	447	785	323	228	90	240	787	1783
		No harm	>=72%	-	<72%	492 (67.4%)	591 (64.4%)	473 (63.0%)	584 (60.7%)	551 (66.1%)	635 (69.2%)	0	1186	1648	1406	1293	473	1325	4152	5533
	Never Event (number of reported events)	0	-	>0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents (reported externally to CCG)	<21	21-27	>28	5	10	6	6	5	9	0	14	22	16	34	32	31	98	86	
	Infection Prevention Control:	MSSA Bacteremia (No. of hospital acquired cases)	0	0	2.5	3	1	1	2	3	0	0	0	0	0	3	6	13	18	
		E Coli bacteremia (No. of Hospital acquired cases)	0	2	4	5	6	4	14	4	3	0	7	24	10	10	13	19	32	51
		F. Coli Urinary Catheter Associated Bacteremia (No. of hospital acquired cases)	0	0	12	1	1	0	2	1	0	0	1	3	1	5	1	0	2	8
		Other Urinary Catheter Associated Bacteremia (No. of hospital acquired cases)	0	0	1	0	0	1	1	0	0	0	0	2	0	2	1	0	3	4
		Surgical Site Infections (Total Knee Replacement Surgery)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	2	1
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	152	182	170	215	195	189	0	384	567	478	462				1891
		Falls rate per 1000 occupied bed days	-	-	-	7.30	8.20	8.11	9.79	9.19	10.21	0	9.70	8.70	7.73	7.44	New methodology agreed for 2013/14			8.39
		Number of Inpatient Falls resulting in harm				32	39	46	50	38	36	0	74	72	122	135				403
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.54	1.76	2.20	2.28	1.68	1.82	0	1.75	2.08	1.98	1.16	New methodology agreed for 2013/14			1.74
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	5	17	6	7	9	5	0	14	30	20	43	54	30	135	107
		Grade 3	<2	>=2<=4	>4	0	2	1	1	2	0	0	2	4	1	11	9	6	23	16
		Grade 4	0	-	>=1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	6	10	11	24	7	9	0	16	45	9	5				59
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.29	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00	0.34	0.00	New methodology agreed for 2013/14			0.34
	Cardiac Arrest Calls (outside of ICU) - 1-5 per 1000 admission	<3.5 per 1000	>3.5 per 1000	>5 per 1000	2.0	3.0	1.4	3.3	Not Available at time		0		2.6	1.6	2.2	2.1	3.1	3.0	2.1	
	Eliminating Same Sex Accommodation Breaches (No of breaches)	0	-	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints	No of complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	44	70	48	64	62	34	0	96	182	197	169	219	174	683	644
		% against activity complaints received in month				0.16%	0.16%	0.12%	0.17%	0.14%	0.09%	0	0.12%	0.15%	0.12%	0.14%	New methodology agreed for 2013/14			0.14%
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	0	100%	100%	100%	68%	77%	84%	89%	92%
	PALS	Compliments	-	-	-	93	58	46	120	77	111	0	188	224	231	317	240	246	915	960
		Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	319	335	293	242	218	152	0	218	470	1000	800	779	1052	3822	1060
		Concerns - % against activity				0.77%	0.75%	0.69%	0.64%	0.50%	0.38%	0	0.64%	0.60%	0.60%	0.60%	New methodology agreed for 2013/14			0.67%
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	14	9	7	11	13	7	0	20	27	41	57	67	55	201	125
	First Line Complaints - % against activity				0.03%	0.02%	0.02%	0.03%	0.03%	0.02%	0	0.02%	0.02%	0.03%	0.05%	New methodology agreed for 2013/14			0.03%	
	Net Promoter	NHS Friends and Family Test (5 star rating scoring)	>=4	>=3.5	<3.5	4.5	4.6	4.6	4.6	4.6	4.6	0	4.6	4.6	4.6	4.6	2012/13 data not collected in Five Star rating method			N/A
		NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	60	64	62	62	63	63	0	63	62.8	60	61	2012/13 data not collected in Five Star rating method			N/A
	Midwife to birth ratio	1.28	1.30	>1.30	01:30	0:00	0:00	1:28	0:00	0:00	0	0:00	1:28	1:30	1:28	01:34	01:33	01:11.1	1:29	
	Information Governance (Scores for IG Toolkit)	>=70% scored at Level 2	-	<70% scored at Level 2	72%	72%	72%	72%	72%	72%	0	72%	72%	72%	72%	72%	64%	64%	72%	
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	84%	90%	83%	84%	83%	90%	-	87%	90%		94%	93%	94%	93%	90%
		Dementia	>90%	>85%	<85%		68%	76%	63%	71%	83%	-	77%	66%	Data not available prior to use of FOCUS IT					75%
		Falls	>90%	>85%	<85%	95%	97%	97%	96%	95%	94%	-	95%	97%		93%	94%	96%	96%	96%
		Infection control	>90%	>85%	<85%	96%	97%	97%	97%	97%	97%	-	97%	97%	Data not available prior to use of FOCUS IT					97%
		Meds	>90%	>85%	<85%	96%	97%	97%	97%	97%	96%	-	97%	97%		90%	94%	93%	94%	97%
		Nutritional	>90%	>85%	<85%	93%	96%	96%	94%	94%	98%	-	96%	96%		90%	82%	87%	86%	96%
		Observations	>90%	>85%	<85%	89%	93%	90%	92%	90%	91%	-	91%	93%		88%	90%	88%	87%	92%
		Pain	>90%	>85%	<85%	88%	91%	83%	85%	87%	88%	-	88%	91%		90%	86%	89%	88%	90%
		Privacy	>90%	>85%	<85%	-	99%	99%	100%	99%	99%	-	99%	99%	-	95%	98%	95%	96%	99%
		Safeguarding	>90%	>85%	<85%		92%	84%	83%	83%	85%	-	84%	86%	Data not available prior to use of FOCUS IT					
		Staff	>90%	>85%	<85%		91%	96%	94%	94%	93%	-	94%	94%	Data not available prior to use of FOCUS IT					
		Tissue Viability	>90%	>85%	<85%	85%	84%	84%	86%	87%	87%	-	87%	84%	-	94%	94%	96%	94%	86%

Denotes not applicable at time of report
Not available at time of report publication

Monthly Trend
 Improved Performance
 In line with previous period
 Deterioration in Performance

Achieving threshold improving performance
 Achieving threshold deteriorating performance
 Failing threshold improving performance
 Failing threshold deteriorating performance

Code	HR WORKFORCE METRICS	Target effective from 1st April 13 (establishment target based on end of year target requirement)			Dec-13	Jan-14	Feb-14	In month change	Q3 2013/14	Q2 2013/14	Q1 2013/14	Q4 2012/13	Q3 2012/13	YTD 2013/14
		G	A	R										
	Establishment	< or = 3666.58		>3666.58	3817.00	3808.00	3809.70	1.70	3806.04	3701.07	3666.65	3484.59	3489.59	3724.59
	Staff in Post	-	-	-	3549.38	3575.88	3585.08	9.20	3535.72	3457.03	3411.98	3346.16	3352.58	3468.24
	Vacancies (Diff between Bud. Est. & SIP)	< or = 7.50%	> 7.50% & < 10.00%	> 10.00%	-267.62	-232.12	-224.62	7.50	-270.33	-247.17	-254.66	-138.44	-137.01	-256.35
	Turnover Rate (% cumulative YTD)				7.17%	8.08%	8.61%	0.53%	7.17%	4.99%	2.33%	9.73%	7.35%	4.02%
	Turnover Rate (% Rolling 12 months)	<9.45%	>9.45% & <10.40%	>10.40%	9.56%	9.79%	9.89%	0.10%						
	Sickness Absence (%) - Short Term	<1.52%	>1.52% & <1.68%	>1.68%	2.18%	3.14%	2.85%	-0.29%	2.49%	2.35%	2.72%	2.73%	2.63%	2.52%
	Sickness Absence (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	2.38%	1.95%	1.66%	-0.29%	2.20%	2.05%	2.00%	2.44%	2.56%	2.09%
	Sickness Absence (%) - Total	<3.50%	>3.51% & <3.85%	>3.85%	4.56%	5.09%	4.51%	-0.58%	4.69%	4.40%	4.72%	5.17%	5.19%	4.61%
	Absence Cost (£) - Short Term*	-	-	-	£214,768	£291,631	£247,799	-£43,832.00	£642,242	£569,107	£660,615	£658,287	£654,933	£1,871,964
	Absence Cost (£) - Long Term*	-	-	-	£232,234	£190,645	£151,119	-£39,526.00	£585,561	£509,357	£559,857	£613,486	£660,186	£1,654,775
	Absence Cost (£) - Total*	-	-	-	£447,002	£482,276	£398,918	-£83,358.00	£1,227,803	£1,078,464	£1,220,472	£1,271,773	£1,315,119	£3,526,739
	Absence 12 month rolling rate (%) - Short Term	<1.52%	>1.52% & <1.68%	>1.68%	2.57%	2.59%	2.59%	0.00%	2.60%	2.60%	2.55%	2.43%	2.33%	2.58%
	Absence 12 month rolling rate (%) - Long Term	<1.64%	>1.64% & <1.82%	>1.82%	2.17%	2.12%	2.06%	-0.06%	2.20%	2.27%	2.25%	2.28%	2.29%	2.24%
	Absence 12 month rolling rate (%) - Total	<3.50%	>3.51% & <3.85%	>3.85%	4.75%	4.71%	4.66%	-0.05%	4.80%	4.87%	4.80%	4.70%	4.67%	4.82%
	Maternity (WTE on maternity in month)	-	-	-	78.43	66.28	68.97	2.69	78.37	84.76	88.53	87.33	88.50	83.89
	AFC Rolling 12 month Appraisal completion rate	<79%	>79% & <71%	>71%	78.27%	77.63%	75.54%	-2.09%	78.27%	69.48%	59.37%	46.81%	48.00%	78.27%
	Mandatory Training Completion	<98%	>88% & <98%	>88%	76.01%	77.00%	77.00%	0.00%	76.00%	75.00%	75.00%	74.00%	71.00%	76.00%

Attendance and Wellbeing - * This is the cost of salary paid to those who were absent due to sickness.

Staff Performance

Workforce Numbers

- a) Budgeted Establishment - In comparison to last month, budgeted establishment has increased by 1.7wte to 3809.70wte. Budgeted establishment is above the annual plan projection due to the Keogh uplift and CIP that were not delivered.
 b) Staff in post - has increased by 9.20wte to 3585.08 wte in February 2014 from 3575.88 wte in January 2014.
 c) The number of vacant posts is currently 224.62wte which is a decrease of 7.5wte since January 2014. The Trust vacancy rate is 5.90%, the majority of vacancies continue to be in registered Nursing (100.54wte/7.96% vacancy rate).
 d) Turnover - the turnover figure for February was 9.89%, please note this figure represents turnover since April 2013.

Attendance & Wellbeing

- a) In Month - Trust absence levels have decreased in month to 4.51% from 5.09% in January. The absence rate for February 2014 was lower than that of February 2013.
 b) Rolling 12 Months Absence - The rolling 12 month period absence is currently 4.66%.
 c) Absence Cost - The cost of salary paid to absent staff for February 2014 was £398k, for the 12 month rolling year this equates to £4.85m. This is the direct cost of paying staff whilst they are on sick leave and does not account for additional hours/overtime/bank/agency used.
 d) Occupational Health activity - During February 2014 there have been a total of 62 referrals to Occupational Health to support staff at work/returning to work, this compares to last month's figure that stood at 66 referrals.
 e) The highest working days lost were due to anxiety/stress/depression which totalled 886.61 wte days.
 f) The highest number of episodes, which can be mapped back to short term sickness absence was gastrointestinal problems accounting for 162 episodes of absence. This would link with the Norovirus outbreak that took place throughout February.

Workforce Productivity & Staff Costs

- a) Pay Spend - in month the total pay spend was £13.95m, of which £12.03m was fixed pay spend. This is above pay plan of £12.89m
 b) Variable Pay - spend was £1.9m for February 2014 (13.76% of total pay spend), which is an increase against last month.

Staff Training & Development

- a) Mandatory training - the mandatory training rate for January was 77%. An updated figure is due next month.
 b) Workforce planning and training needs analysis have commenced to formulate the workforce plan.

Recruitment & Selection

- a) There were 42 adverts placed in February 2014.
 b) Nursing Recruitment - International recruitment continues as the Trust goes back to Italy mid March to continue with interviewing Registered Nurses. During February 15 nurses were offered employment with the Trust.

Workforce Change

- a) HR have now received all workforce plans that were submitted by the divisions and analysis will be taking place during March 2014 ready for submissions to the LETB's on the 4th April 2014.

Health & Safety

- a) There has been no formal contact between the Trust and the Health and Safety Executive (HSE) this month.

Serious Disciplinary & Tribunal Cases

- a) Activity Summary- There are currently 20 on-going employee relations cases all being managed in conjunction with Human Resources:
- Disciplinary – 7
 - Grievance – 3
 - Harassment & Bullying – 2
 - Capability – 6 (this includes sickness capability cases
 - Referral – 1
 - Whistleblowing – 1
- b) Since last report one Tribunal case remaining in process.

BOARD OF DIRECTORS

Report

Subject: Workforce Report

Date: 27th March 2014

Author: Kate Lorenti, Deputy Director HR and Lauren Tilstone, Workforce Information Manager

Lead Director: Karen Fisher, Director of Human Resources

Executive Summary

This report provides an update on key workforce metrics that are currently 'off target' and performance at month ten together with actions being taken to secure improvement.

The reduction of sickness absence levels (particularly short term sickness) remains a significant challenge. Absence shows a reduction in month of 0.58%

There has been a reduction in appraisal completion rates for Agenda for Change Staff of 2.09%. The appraisal completion rate for February stood at 75.54%. This is the second month that there has been a reduction in the appraisal rate.

The Trust is making good progress in recruiting to vacant posts, nursing posts have increased by 57.25 wte since April 2013. Recruiting to full establishment, despite working with specialist organisations in the international market, remains a challenge. The Trust has engaged a third organisation to assist with international recruitment and will continue to drive local recruitment campaigns.

Recommendation

The Trust Board of Directors are asked to note the content of this paper.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators.
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	Several key workforce issues and targets are highlighted within the risk register.
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	
Links to NHS Constitution	NHS pledges to staff and staff responsibilities
Financial Implications/Impact	Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment

	activity.
Legal Implications/Impact	None
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	
Monitoring and Review	Trust Management Board and the relevant divisional performance review meetings.
Is a QIA required/been completed? If yes provide brief details	No

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors – 27 March 2014
Workforce Report

Monitoring of Key Performance Indicators

A number of key workforce performance indicators are reported, analysed and monitored across the Trust each month. The Trust has an established performance management escalation process for workforce key performance indicators. The feedback from meetings held in relation to February data are described below:

- Long term sickness is being managed appropriately with support from HR, this is also reflected in the long term sickness absence figures which have shown an overall reduction in long term sickness.
- There is concern that sickness absence is not being managed at the appropriate level and the divisions are working through how this can be improved.
- Managers are engaged with the performance management process and are given actions to address and report back the following month.
- The appraisal rate has improved in some areas but dropped in others, managers are asked to plan their appraisals in advance and support is being provided by HR in order to avoid significant numbers of appraisal meetings being scheduled throughout the winter period.

Key Performance Indicators – Information and Actions

1.0 Staff Numbers

The number of staff in post has increased by 9.2 wte to 3585.08 wte in February 2014. Nursing staff in post increased by nearly 13 wte's, however Medical staff in post decreased to 405.77 wte from 413.43 wte in January 2014 (-7.66wte).

There are currently 224 wte vacant posts across the Trust which equates to a 5.9% vacancy rate. Registered Nursing vacancies decreased by 13 wte to 100.54 wte's, with the number of nursing staff employed increasing by 13 wte. The nursing establishment has increased by 57.25 wte's since 1st April 2013. In the Medical staff group there are 33 wte vacant posts.

The Trust now employs 195.89 additional wte staff when compared to 1st April 2013, the most significant number of increases being within the administrative and clerical and registered nurse workforce.

The budgeted establishment remains higher than plan predominantly due to assumptions around workforce reductions due to cost improvements not being achieved.

1.1 Recruitment Activity

- Diagnostics and Rehabilitation has significant recruitment activity.
- The HR department continues to engage with international recruitment for nursing and medical staff, during February 15 nurses were offered employment as a result of international recruitment. The Trust will also return to Italy in mid March to continue with the recruitment campaign. Standard employment checks are currently being undertaken and all employment is subject to NMC registration.
- The recruitment team throughout February were actively progressing recruitment to an average of 95 posts per week.

1.2 Actions for Improvement

- Continued focus on International recruitment for Medical and Nursing Staff
- Support the development new roles identified in workforce planning process.
- Ensure appropriate support and training in the workplace for International recruits to ensure retention
- Review effectiveness of current advertising activity and consider innovative advertising campaigns.

2.0 Pay Spend

Total pay spend decreased by £21k in February 2014 to £13.95m. However, variable pay increased by £122,901k in February with the main increase attributable to non-clinical pay which includes administrative and clerical staff, this

includes staff that support clinical services, the total variable pay spend in this area amounted to £292,341k and increase of £66k in month.

Vacancies continue to impact on the nursing and medical spend. Nursing variable pay spend totalled £891,740 which was an increase of £37k compared to January 2014. The agency cost to the Trust for Nursing in February 2014 was £511,039k which decreased from January 2014 (£560,487k). The spend with the Trust's bank increased by £38,875 totalling £156,211 in month, other variable pay increases within nursing included additional hours (£78,648, increase of 21k) and overtime (£145,842, increase of 24k). Pay spend also remains higher than planned due to cost improvement plans not being achieved across the Trust and additional registered nurse investment across the wards.

2.1 Actions for Improvement

- Investigation into non clinical pay spend to determine if this trend will continue during March and April and develop plans for reduction
- Continue to monitor variable pay spend to ensure an overall reduction in line with the recruitment activities that are taking place
- The HR department are focusing work on the Nurse Bank and further recruitment is being undertaken, in February 24 Nurses and Health Care Support workers were started on the Trust Bank.

3.0 Sickness Absence

Sickness absence remains an area of concern and is significantly above the Trust target of 3.5%. In January 2014 the rate was 5.09%, but this did fall to 4.51% in February 2014. There were 695 episodes of sickness absence throughout February. Short term sickness absence remains an issue with 2.85% of the workforce taking time off sick in February due to short term sickness absence, this meant that 583 staff had short term sickness, 39 of those staff had 2 episodes of absence each. Long term sickness absence decreased again in February 2014 to 1.66% from 1.94% in January, there has been a concerted effort within the divisions during previous months to tackle long term sickness absence. The cost of paying staff off sick remains high for the Trust totalling £4.85m since April 2013.

3.1 Absence Reasons

- Of the total 4554.32 working days lost due to sickness, the most significant reason was anxiety/stress/depression which totalled 886.61 days (19.46% of total absence).
- The **highest number of episodes**, which can be mapped back to short term sickness absence was gastrointestinal problems accounting for 162 episodes of absence, 428.11 days. This will link with the Norovirus outbreak that took place throughout February.

3.2 Actions Taken Place

- Line managers and HR have been working together within the Divisions to tackle those staff who have exceeded targets and ensuring that meetings take place to discuss absence.
- Confirm and challenge meetings continue to take place where managers are challenged on their workforce information and asked to address arising concerns.

3.3 Actions for Improvement

- Consultation on the revised Sickness Absence Policy will be completed during March. The new policy incorporates stricter short term sickness absence triggers, allows managers to consider long and short term sickness as a whole and provides a mechanism for managing particular patterns of absence, for example members of staff who have repeated sickness on Bank Holidays.
- The Human Resources department will continue to work closely with line managers and head of services to ensure management of absence in line with Trust policy
- A review of sickness absence workforce information to be completed throughout March and April to ensure information is accessible and understood by managers.

4.0 Agenda for Change Staff Appraisal Completion

The Trust appraisal completion rate for Agenda for Change staff for February 2014 is 75.54%, this is a decrease from the January position which was 77.63%. This is the second month running that the appraisal rate has decreased with 530 appraisals outstanding compared to 469 in January.

The increased appraisal rate in year for 2013 is a positive achievement; the focus will be on reinstating the upward trend, developing management skills for conducting appraisals and identifying and implementing quality assurance measures. Managers are stating they have found it difficult completing appraisals during the winter period.

4.1 Actions Taken Place

- Work has taken place to identify and target hot spot areas of low appraisal completion and work with the managers on undertaking appraisals.
- On-going coaching and advice continues to be provided to managers on undertaking an appraisal.

4.2 Actions for Improvement

- Review of appraisal training and ensure roll out to all appraising managers
- Begin to undertake work to build in the Trust values 'Quality for All' into the appraisal process.
- HR to support line managers on planning appraisals at appropriate points in the year to ensure that appraisals do not need to be undertaken during Winter pressures.

5.0 Employee Relations

There are currently 20 on-going employee relations cases all being managed in conjunction with Human Resources:

- **Disciplinary** – 7
- **Grievance** – 3
- **Harassment & Bullying** – 2
- **Capability** – 6 (this includes sickness capability cases)
- **Referral** – 1
- **Whistleblowing** – 1

6.0 Pay Award – Announcement from the Government

The Government has now responded to the NHS and Doctors and Dentist's Pay Review Body and announced their plans for the next two years in terms of the pay awards for NHS staff.

The NHS and Doctors and Dentist's Pay Review Body proposed 1% uplift to all pay scales, however the Government has rejected this and announced an annual increase of 1% via either incremental pay or a non-consolidated payment:

- Those staff who are not eligible to receive an incremental pay rise e.g. those at the top of the pay scale, will be given a 1% pay rise which is a non-consolidated payment to be paid from 1st April 2014. This 1% increase will be non-consolidated which means that the pay scales will remain the same; this also means that the 1% uplift is non-pensionable. The consolidated pay scales (current pay scales) will continue to remain the basis for banding supplements, overtime, unsocial hours enhancements, sick pay.
- Other staff will receive at least a 1% pay increase via incremental pay progression subject to meeting requirements of terms and conditions and local performance requirements.
- The same approach will apply for the 2015/2016 round where staff who are not eligible to receive incremental pay will then receive a non-consolidated pay rise of 2% (equivalent to an additional 1 per cent non-consolidated in each of the two years concerned).
- The Government has been clear that if the NHS Trade Unions are prepared to agree an incremental progression freeze for one year in 2015/2016 then they would be prepared to consolidate the 1% and 2% uplift.

7.0 Agenda for Change Negotiations

NHS Employers are commencing stage 2 of the national negotiations regarding changes to Agenda for Change Terms and Conditions of Service. NHS Employers will be negotiating on the following areas:

- Annual leave entitlement
- Redundancy payments and agreements

Nationally the HRD's have been requested to determine what other areas of terms and conditions of service review would enable the delivery of NHS objectives. The response has predominantly concerned negotiation of changes to

enhanced pay and overtime payments to enable 7 day services and the reduction in the duration of the entitlement to full pay and half pay for sick pay.

These areas will be considered at a national meeting with NHS Employers and HRD's in April 2014.

Code	HR WORKFORCE METRICS	Target effective from 1st April 13 (Establishment target based on end of year target requirement)			Dec-13	Jan-14	Feb-14	In month change	Q3-2013/14	Q2-2013/14	Q1-2013/14	Q4-2012/13	Q3-2012/13	YTD 2013/14
		A	B	C										
	Establishment	< or = 3666.58	>3666.58		3666.04	3666.30	1.70		3666.04	3666.63	3484.59	3489.59	3489.59	3774.59
	Staff in Post	-	-	-	3575.88	3575.88	9.20		3552.72	3411.08	3446.16	3352.58	3468.24	3468.24
	Vacancies (Diff between Bud. Est. & S/P)	< or = 7.50%	> 7.50% & < 10.00%	> 10.00%	-274.62	-274.62	7.50		-70.33	-254.66	-138.44	-137.01	-137.01	-256.35
	Turnover Rate (% cumulative FTD)				7.17%	8.08%	8.81%	0.53%	7.17%	4.99%	2.33%	9.73%	7.35%	4.02%
	Turnover Rate (% Rolling 12 months)	< 0.45%	> 0.45% & < 10.40%	> 10.40%	9.79%	9.79%	9.85%	0.30%						
	Sickness Absence (%) - Short Term	< 1.57%	> 1.57% & < 1.68%	> 1.68%	2.83%	3.04%	2.83%	0.29%	2.89%	2.33%	2.72%	2.73%	2.63%	2.52%
	Sickness Absence (%) - Long Term	< 1.64%	> 1.64% & < 1.82%	> 1.82%	2.80%	3.05%	3.60%	0.29%	2.70%	2.05%	2.84%	2.84%	2.56%	2.05%
	Sickness Absence (%) - Total	< 3.50%	> 3.51% & < 3.85%	> 3.85%	4.56%	5.00%	6.33%	0.59%	4.60%	4.72%	5.17%	5.19%	5.19%	4.61%
	Absence Cost (£) - Short Term*	-	-	-	£214,788	£291,631	£247,799	-£43,832.00	£642,242	£569,107	£666,615	£658,287	£654,933	£1,871,964
	Absence Cost (£) - Long Term*	-	-	-	£232,234	£190,645	£151,119	-£39,576.00	£585,561	£509,857	£559,857	£613,486	£660,186	£1,654,775
	Absence Cost (£) - Total*	-	-	-	£447,022	£482,276	£398,918	-£83,358.00	£1,227,803	£1,078,964	£1,226,472	£1,271,773	£1,315,119	£3,526,739
	Absence 12 month rolling rate (%) - Short Term	< 1.52%	> 1.52% & < 1.68%	> 1.68%	2.77%	3.00%	2.33%	0.00%	2.60%	2.60%	2.53%	2.43%	2.33%	2.18%
	Absence 12 month rolling rate (%) - Long Term	< 1.64%	> 1.64% & < 1.82%	> 1.82%	3.17%	3.33%	3.60%	-0.06%	2.30%	2.27%	2.35%	2.30%	2.20%	2.24%
	Absence 12 month rolling rate (%) - Total	< 3.50%	> 3.51% & < 3.85%	> 3.85%	4.75%	4.73%	4.65%	-0.09%	3.00%	3.37%	4.80%	4.80%	4.62%	4.62%
	Maternity (WTE on maternity in month)	-	-	-	78.43	66.28	66.97	2.69	78.37	84.76	86.53	87.33	86.50	83.89
	AFC Rolling 12 month appraisal completion rate	< 79%	> 79% & < 71%	> 71%	78.17%	77.83%	75.54%	-2.09%	78.27%	69.43%	59.37%	68.81%	68.00%	38.27%
	Mandatory Training Completion	< 88%	> 88% & < 98%	> 98%	76.00%	77.00%	77.00%	0.00%	76.00%	76.00%	75.00%	74.00%	71.00%	70.00%

Workforce Numbers
a) Budgeted Establishment - In comparison to last month, budgeted establishment has increased by 1.7wte to 3869.70wte. Budgeted establishment is above the annual plan projection due to the Keogh uplift and CIP that were not delivered.
b) Staff in post - has increased by 9.20wte to 3575.88 wte in February 2014 from 3575.88 wte in January 2014.
c) The number of vacant posts is currently 224.62wte which is a decrease of 7.5wte since January 2014. The Trust vacancy rate is 5.90%, the majority of vacancies continue to be in registered Nursing (100.54wte/7.96% vacancy rate).
d) Turnover - the turnover figure for February was 9.89%, please note this figure represents turnover since April 2013.

Attendance & Wellbeing
a) In Month - Trust absence levels have increased in month to 4.51% from 5.09% in January. The absence rate for February 2014 was lower than that of February 2013.
b) Rolling 12 Months Absence - The rolling 12 month period absence is currently 4.68%.
c) Absence Cost - The cost of salary paid to absent staff for February 2014 was £398,918, for the 12 month rolling year this equates to £4.85m. This is the direct cost of paying staff whilst they are on sick leave and does not account for additional hours/overtime/bank/agency used.
d) Occupational Health activity - During February 2014 there have been a total of 62 referrals to Occupational Health to support staff at work/returning to work, this compares to last month's figure that stood at 66 referrals.
e) The highest working days lost were due to anxiety/stress/depression which totalled 886.61 wte days.
f) The highest number of episodes, which can be mapped back to short term sickness absence was gastrointestinal problems accounting for 167 episodes of absence. This would link with the Norovirus outbreak that took place throughout February.

Workforce Productivity & Staff Costs
a) Pay Spend - In month the total pay spend was £15.95m, of which £12.05m was fixed pay spend. This is above pay plan of £12.89m
b) Variable Pay - spend was £1.9m for February 2014 (13.76% of total pay spend), which is an increase against last month.

Staff Training & Development
a) Mandatory training - the mandatory training rate for January was 77%. An updated figure is due next month.
b) Workforce planning and training needs analysis have commenced to formulate the workforce plan.

Recruitment & Selection
a) There were 42 adverts placed in February 2014.
c) Nursing Recruitment - international recruitment continues as the Trust goes back to Italy mid March to continue with interviewing Registered Nurses. During February 15 nurses were offered employment with the Trust.

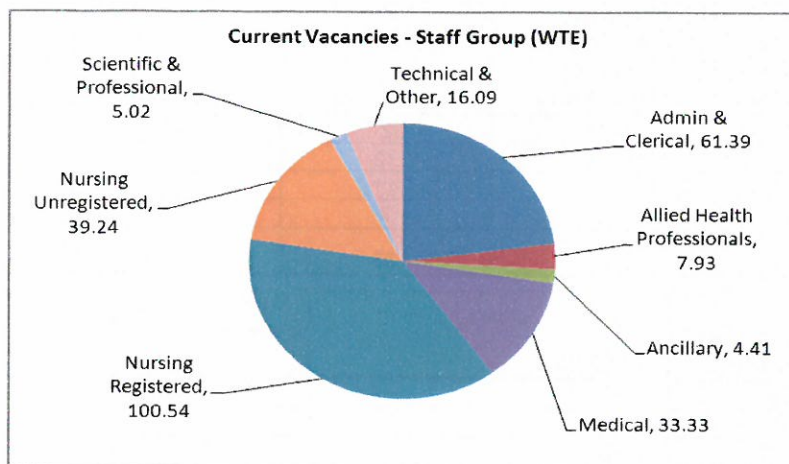
Workforce Change
a) HR have now received all workforce plans that were submitted by the divisions and analysis will be taking place during March 2014 ready for submissions to the LETB's on the 4th April 2014.

Health & Safety
a) There has been no formal contact between the Trust and the Health and Safety Executive (HSE) this month.

Serious Disciplinary & Tribunal Cases
a) Activity Summary - There are currently 20 on-going employee relations cases all being managed in conjunction with Human Resources:
• Disciplinary - 7
• Grievance - 3
• Harassment & Bullying - 2
• Capability - 6 (this includes sickness capability cases)
• Referral - 1
• Whistleblowing - 1
b) Since last report one Tribunal case remaining in process.

Workforce Performance Indicators – Data for February 2014

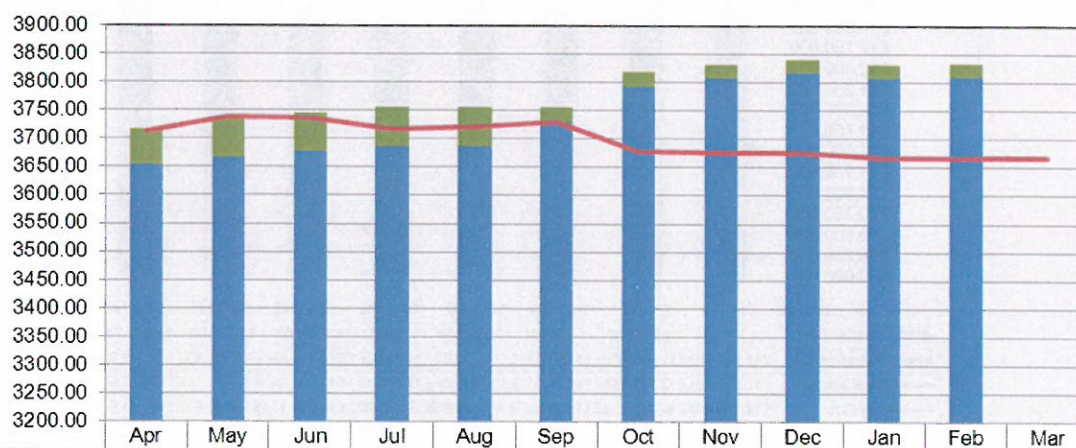
1.0 Staff Numbers – Source – Finance Integra System



Vacancy rates against budgeted establishment)	%
Admin & Clerical	6.79%
Allied Health Professionals	4.13%
Ancillary	10.90%
Medical	7.59%
Nursing Registered	7.96%
Nursing Unregistered	6.56%
Scientific & Professional	2.54%
Technical & Other	7.34%

- **Budgeted Establishment** has increased from 3808 wte in January 2014 to 3809.70 in February 2014
- **Staff in Post** has increased from 3575.88 wte in January 2014 to 3585.08 wte in February 2014. Registered Nursing staff in post increased by nearly 13 wte in February from January.
- The number of **Vacant Posts** for February 2014 stood at 224.62 wte, this compares to January 2014 when the number of wte's vacant were 232.12 wte. This means that the current Trust vacancy rate is 5.90% compared to 6.10% in January 2014. Nursing vacancies stand at 100.54 wte. Medical vacancies increased in February 2014 to 33.33 wte from 25.69 wte in January 2014.

Trust Budgeted Establishment Compared with Trust Annual Plan 13-14 (WTE)



- Additional capacity has been added to the budgeted establishment therefore the figures go beyond that planned.
- Staff in post has increased month on month since the beginning of the financial year.

- Pay budget remains higher than that was planned due to the Trust having to add in additional funding to accommodate the Keogh recommendation to add further WTE's for the nursing staff group.

1.1 Recruitment Activity

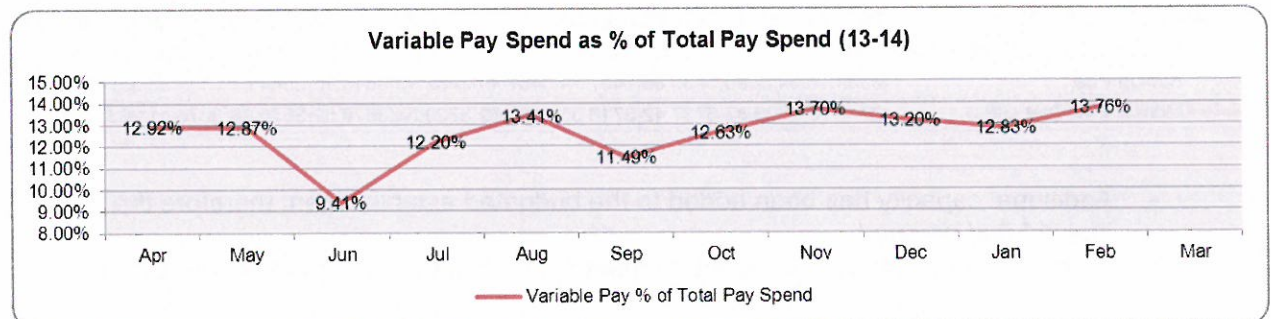
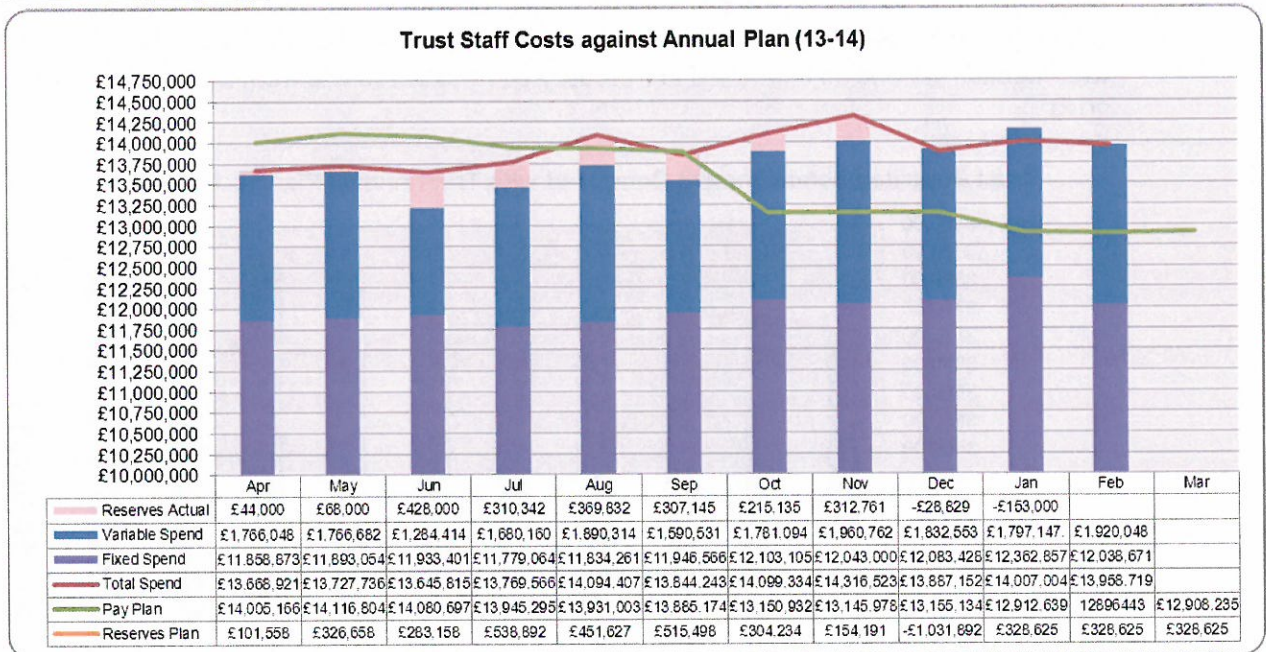
Division	Active vacancies pre-offer (@31Jan14)	Active vacancies pre-offer (@14Feb14)	Active vacancies pre-offer (@21Feb14)	Active vacancies pre-offer (@28Feb14)
EC & M	23	14	3	14
PC & S	22	25	12	21
D&R (inc Bank)	65	54	11	53
Corporate	23	21	7	14
Totals	133	114	33	102

Division	Adverts placed in February 14
EC & M	8
PC & S	11
D&R (inc Bank)	18
Corporate	5

Division	Number of posts offered in February 14
EC & M	7
PC & S	11
D&R	20
Corporate	10

- The recruitment team are working on an average of **95 vacancies per week**.
- There were a **total of 42 adverts** placed throughout February 2014.
- **48 people were offered a post during February** and are currently going through the recruitment process.

2.0 Pay – Fixed & Variable



- **Total pay** expenditure decreased in February 2014 to £13.95m from £14.16 in January 2014 (decrease £21k). Total pay
- The difference between the pay plan and the total spend is due to cost improvement plans that have not been delivered.
- **Fixed pay** reduced in February 2014 to 12.03m from £12.36m, a decrease of £33k.
- **Variable pay** has increased in February to £1,920,048 from £1,797,147 in January 2014 (£122,901). Variable pay accounted for 13.76% of total pay expenditure in February compared with 12.83% in January 2014.
- **Variable nursing pay** was the highest spend in terms of variable pay, with the Trust spending £891,740. The below table provides a break down of February variable pay costs compared with January 2014, the most considerable increase sits with the non-clinical variable pay spend.

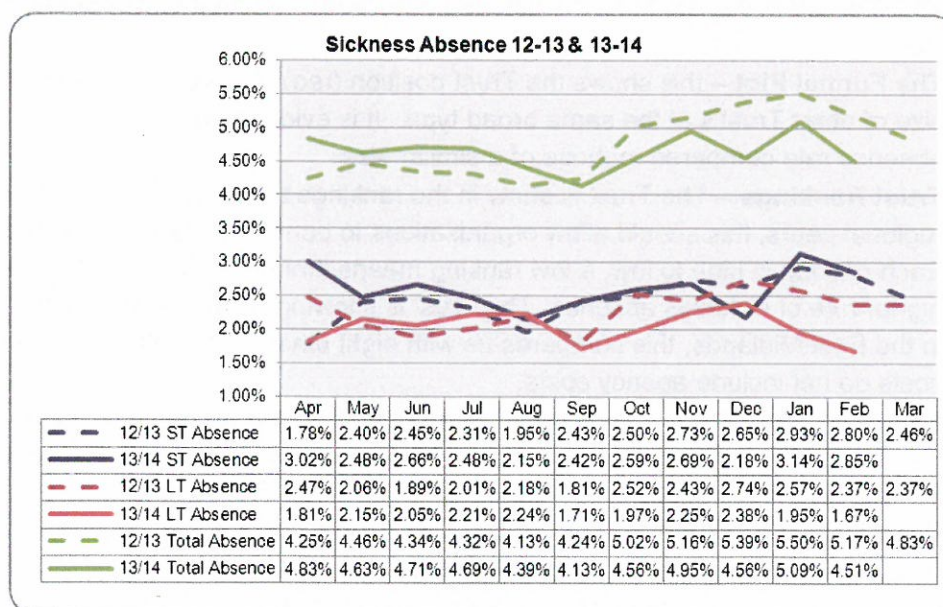
	Jan Spend	Feb Spend	Difference
Variable Medical Pay	£607,705.99	£602,797.95	−£4,908.04
Variable Non Clinical Pay	£225,884.32	£292,341.61	£66,457.29
Variable Nursing Pay	£853,793.31	£891,740.49	£37,947.18
Variable Other Clinical Pay	£109,764.12	£133,168.01	£23,403.89

*** variable non clinical pay relates to admin & clerical staff, which includes A&C that support clinical services.

- The below table shows February fixed pay spend compared with that of January, this correlates with the variable pay spend as it shows that there was a decrease in each group during February compared with January.

	Jan Spend	Feb Spend	Difference
Fixed Medical Pay	£3,103,761.72	£2,960,230.71	−£143,531.01
Fixed Non Clinical Pay	£2,503,220.61	£2,453,950.28	−£49,270.33
Fixed Nursing Pay	£5,070,186.89	£4,961,484.17	−£108,702.72
Fixed Other Clinical Pay	£1,685,688.11	£1,663,005.66	−£22,682.45

3.0 Sickness Absence – please see Dashboard 1 for further sickness absence information

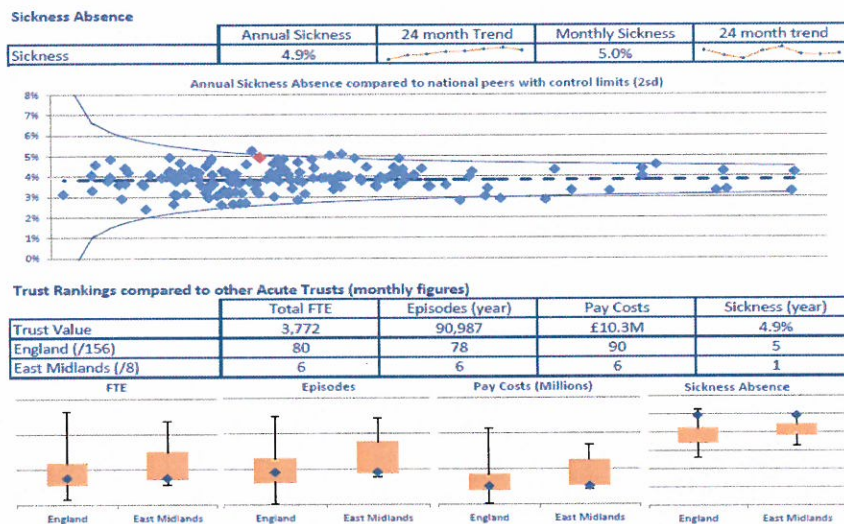


- The total sickness absence rate for February 2014 decreased to 4.51% from 5.09% in January 2014.
- Short term sickness absence was 2.85%.
- Long term sickness absence was 1.67%

- **The rolling 12 month** figure for February 2014 stood at 4.66%.
- **The cost of sickness absence** for February 2014 totalled £398,538. Since April 2014 the Trust has spent £4.85m on sickness absence, this figure represents the cost of paying staff who are absent from work, it does not include the cost of cover or any other on costs that may be related to sickness absence.

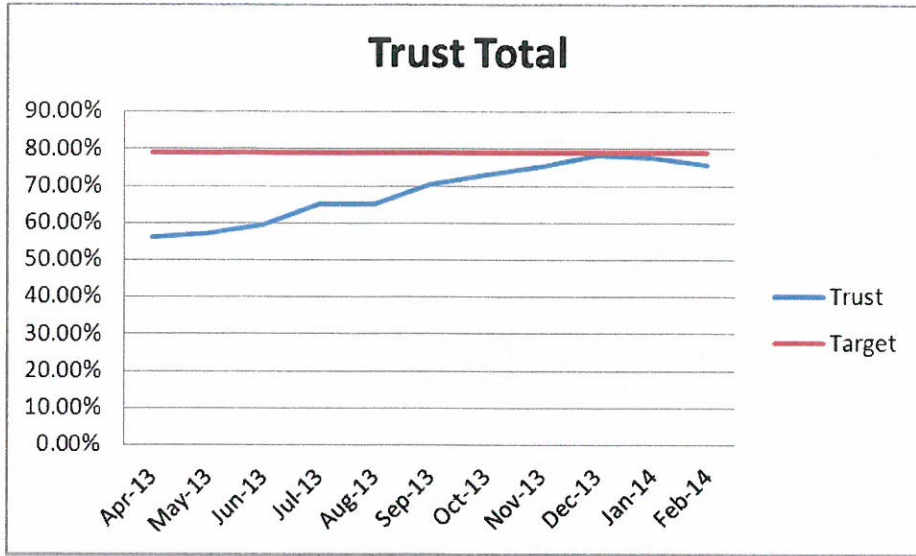
3.1 Benchmarking Data

The below table shows how Sherwood Forest compares with other Trusts for sickness absence, the information is provided by the Workforce Information Team, Health Education East Midlands and the information source is ESR. The information below represents that of December 2013.



- **Data table** – Please note that the figures provided will include Medirest staff as they are active on ESR, this explains the difference between in house figures and the figure in the table.
- **The Funnel Plot** – this shows the Trust position (red) relative to the sickness absence and size of other Trust's of the same broad type. It is evident that the Trust has a higher absence rate compared to those of a similar size.
- **Trust Rankings** – The Trust is show in the rankings table compared to the national and regional peers, this should allow organisations to benchmark against other organisations. Each ranking is high to low, a low ranking means that the sickness category denotes a higher rate of sickness absence. The Trust is showing as the highest sickness absence rate in the East Midlands, this compares us with eight other Trusts. Please note that the pay costs do not include agency costs.
- **Box & Whisker Plots** – The box and whiskers show the range for each metric related to the Trust Rankings section, it shows the Trusts position within that range (blue), the box represents the middle 50% of organisations (all acute Trust's nationally of a similar size). The whiskers represent highest and lowest 25% of Trusts (upper and lower quartiles) (based on size). The first three measures show a picture of how we compare with Trusts of a similar size, the percentage measure shows that Sherwood Forest Hospitals has the 5th highest percentage of sickness absence in England (this does not compare the Trust with similar size hospitals, but compares with all Acute Trust's). It also shows that the Trust has the highest sickness absence percentage in the East Midlands (compared with all other Acute Trusts in East Midlands).

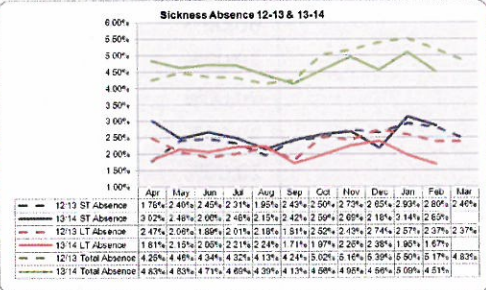
4.0 Agenda for Change Appraisals - please see Dashboard 2 for further appraisal information



- **The Trust appraisal rate for February 2014 stood at 75.54%**, this is a decrease from the January position which was 77.63%.
- This is the second month running that the appraisal rate has decreased.
- The Trust appraisal rate continues to remain below target.

Dashboard 1: Sickness Absence

Dashboard 1: Sickness Absence Summary - February 2014							
	% Absence Lost in Trust			Progress since last month/ RAG	Direct cost of paying staff whilst absent from work due to sickness		
	In Month	Jan-14	Rolling 12 Month		In Month	Jan-14	Rolling 12 Month
Short Term	2.86%	3.14%	2.69%	↓	£246,087	£291,631	£2,663,531
Long Term	1.66%	1.94%	2.06%	↓	£163,461	£190,646	£2,189,466
Total	4.51%	5.09%	4.66%	↓	£398,538	£482,276	£4,862,997



TOTAL	4.51%	£398,538
--------------	--------------	-----------------

Top 3 - Staff Groups	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Unregistered Nurse	£76,867	£93,446	8.73%	8.84%
Technical & Other	£29,603	£34,602	5.31%	7.91%
Scientific & Professional	£32,973	£29,780	4.61%	4.12%

Divisions	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Corporate	£32,638	£39,631	2.91%	3.21%
DRD	£104,669	£118,035	5.18%	5.32%
ECM	£135,297	£169,189	4.75%	5.26%
PCS	£126,425	£165,421	4.37%	5.46%

Top 3 SMT's	In Month	Last Month
Finance	9.63%	4.94%
Information Services	3.62%	4.04%
NHIS	2.82%	6.32%
Newark	7.04%	5.65%
Support Services	6.92%	7.17%
Therapy Services	4.37%	4.88%
Support Services	6.92%	
Gastro Endocrine	6.16%	
Cardio-Respiratory	5.22%	6.95%
Paediatrics & Neonatal	6.69%	
Maternity & Gynae	6.47%	8.64%
Support Services	3.80%	

Where cells are highlighted in 'Grey', this shows that the Staff Group or SMT were not in the Top 3 category in last Month

Data shown in 'Last Month' shows the position as reported in last month, i.e. if highlighted in red the category had increased at that point.

SHORT-TERM	2.86%	£246,087
-------------------	--------------	-----------------

Top 3 - Staff Groups	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Unregistered Nurse	£49,010	£55,903	5.61%	5.18%
Scientific & Professional	£25,777	£19,658	3.77%	2.84%
Technical & Other	£21,723	£28,213	3.75%	6.44%

Divisions	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Corporate	£17,846	£19,172	1.63%	1.50%
DRD	£64,735	£72,106	3.03%	2.98%
ECM	£86,004	£100,738	3.32%	3.70%
PCS	£79,215	£99,615	2.73%	3.28%

Top 3 SMT's	In Month	Last Month
Information Services	3.62%	
Human Resources	2.71%	1.76%
Corporate Services	1.63%	
Therapy Services	3.67%	4.19%
Support Services	3.66%	3.25%
Pathology	3.22%	3.51%
Gastro Endocrine	4.86%	4.64%
Support Services	4.33%	3.85%
Cardio-Respiratory	3.27%	5.47%
Paediatrics & Neonatal	4.33%	
Anaesthetics	3.16%	
Support Services	3.00%	

LONG-TERM	1.66%	£163,461
------------------	--------------	-----------------

Top 3 - Staff Groups	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Unregistered Nurse	£27,847	£37,643	3.22%	3.66%
Administrative and Clerical	£33,828	£44,679	1.95%	2.47%
Nursing & Midwifery Registered	£67,559	£59,645	1.88%	1.63%

Divisions	Cost		% Absence	
	In Month	Last Month	In Month	Last Month
Corporate	£14,692	£20,459	1.28%	1.71%
DRD	£39,924	£45,929	2.15%	2.34%
ECM	£49,294	£58,461	1.43%	1.56%
PCS	£47,209	£65,806	1.64%	2.18%

Top 3 SMT's	In Month	Last Month
Finance	8.00%	4.86%
NHIS	2.00%	2.33%
All other SMT's at 0.00%		
Newark	4.13%	3.52%
Support Services	3.36%	3.92%
Sexual Health	1.57%	3.36%
Non Acute Medicine	3.85%	3.77%
Support Services	2.69%	2.06%
HCOP	2.29%	2.60%
Maternity & Gynae	3.86%	4.45%
Paediatrics & Neonatal	2.36%	
General Surgery	1.51%	

Dashboard 2: Agenda for Change Appraisals

